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SOME UNSETTLED QUESTIONS IN HOSPITAL ADMINISTRATION IN THE UNITED STATES¹

In considering the administration of hospitals in the United States we are confronted by the initial difficulty that, although an enormous amount of money is invested in such institutions, there is no uniform, or even customary, system of administration or accounting. The State institutions, under the present methods of government, are liable to be dominated by politics. The city hospitals, the funds for the support of which are secured by an appropriation of councils, are in some instances free from politics and administered satisfactorily, notably in Boston and Cincinnati. But these institutions are also in a class by themselves. The average citizen is more concerned with the hospital which he helps to support by voluntary contributions and which, without State aid, he would be called upon to support more directly than he does at present, and it is of these which I shall speak more particularly.

The business of running a hospital, like any other business, needs to be learned. No one would take a man, whatever his personal attainments in his own special line, and set him down at the head of a bank, a store, a ship, or an army corps, and expect him at once to give a competent and valuable opinion on the various interests involved. He would leave himself entirely in the hands of the officers administering that business, and unless he had confidence in them, would be rash to lend even the support of his name. If he interfered in the detail working without knowing anything about it, he would be still more rash. Yet in a hospital, in which the issues of life and death daily concern many people, such hesitation is remarkably rare. The youngest physician or the most recent trustee, thinks there must be something wrong if he does not immediately understand all about it, and is surprised at the strength and diversity of interests he finds tugging different ways. But, as a matter of fact, a hospital is no less full of the interests of life and progress because it also holds the sick and the dying, who are unwillingly loosening their grasp of these same interests, to join those who sleep soundly in spite of it all.

If the administration of our hospitals is to be discussed at all,

¹ Part of this article was read at the International Congress held in Buffalo, 1901. Section on Hospital Administration.

it must, if anything is to be accomplished, be discussed with candor. At present much money is admittedly wasted in the duplication of charities and the lax methods of administration. Moreover, the first to suffer from the maladministration of a hospital are undoubtedly the patients. This sounds to us like a truism, but the public does not yet appear to realize this elementary fact, nor that it alone has power to mend matters by the intangible but very real force of public opinion and by ascertaining which are the right sort of charities, rightly and reasonably governed, before giving its money to them. Any person of average intelligence can do this, if he is willing to spend a little time about it and take a considerable amount of trouble.

To those who have a working knowledge of hospital administration, it seems obvious that if too much is left to inexperienced men, if the food is badly served, if the patients are subject to undue interruptions, if a mean and petty spirit pervades the institution, instead of one of cheerfulness and peace, if the visiting staff do not visit, if through interest, jealousy, or for all too common reasons, incompetent men are appointed on the staff, it is clearly the patient who suffers primarily. But no business is conducted with so little real inspection; no doll's repair shop is provided with so little skilled labor in regard to administrative matters, or even when supplied with skilled labor has so many adverse conditions to struggle against as the average hospital in the large cities of America. As for the balance sheets and reports, we know that the statistics quoted therein are often not worth the paper they are printed on, are apparently more often meant to mislead than to inform, and in any other business would land those responsible therefore in the bankruptcy courts if not in the penitentiary. This is, of course, the result of corporate carelessness rather than personal dishonesty. But it is wonderful how general it is, especially when it is remembered that hospital funds are, or should be, practically trust funds, and liable to a public accounting. The public who have contributed this money in one form or another have at least a right to a plain and accurate statement, if one is issued at all.

I fear that a simple-minded inquirer who thinks that in order to ascertain the facts in regard to any institution in which he is interested, he needs only to send for the last annual report, will find that his task is by no means so easy as it looks, either in regard to

statements of receipts and expenditures, or the number of patients treated. He will find that frequently no attempt is made to separate income from principal; that it is impossible to ascertain the amount of money really expended for maintenance or permanent improvements; that often the vaguest ideas prevail even as to the total expenditures for the year, and the net profit or loss. He will find that in the detailed account for maintenance the milk and the coal, for instance, are for some inscrutable reason, occasionally lumped together. I call to mind one item entered thus: "Received for board of soldiers, rebate on coal, etc." In such cases it is of course impossible to ascertain either the amount of money received from board of patients, or the actual cost of the lighting and heating. Nor is it possible to ascertain what or how much "et cetera" includes. In some cases interest on mortgages, water rent, insurance and other fixed charges, sometimes even lighting, heating, and salaries, are not included in the estimate of expenses per capita. This, of course, makes the expenditure of some hospitals appear excessive, whilst others appear abnormally low. In other reports the accounts of the treasurer and the superintendent have been known to differ by as much as \$3,000, and the superintendent's fiscal year may begin at one time, and the treasurer's at another, whilst convalescent homes and other branches of the same institution may arrange for yet a third.² Others, again, obviate these difficulties by omitting to furnish any detailed account of expenditures, and thereby, no doubt, save themselves much trouble. Where trustees or managers are so indifferent in regard to money matters, it is hardly to be wondered at that expenditures are oftentimes unadvisedly made, and extravagance prevails. It would be unreasonable to expect otherwise. It is true that those institutions which receive State aid are required by the State to return an itemized account of their cash payments, divided as the State directs. In Pennsylvania, however, the State will accept a statement only of bills actually paid, and not those incurred. This statement obviously does not represent the expenditures of those institutions which habitually run on a deficit, and most of them do. The State Auditor

² See editorial in *Philadelphia Medical Journal* for June 18, 1898. This hospital I note has since had the financial statement issued in its annual report revised by an expert accountant. It is encouraging that drawing attention to these matters makes for better and more careful work.

told me this was done because it was found that hospital authorities sometimes made their deficit appear larger, and the consequent necessity for State aid, therefore, greater than it actually was, by running up large bills for maintenance, when these should rather be charged up to permanent improvements. For when the State makes a grant for building it requires that the sum allowed should be employed for building; and if for maintenance that it should not be used for other purposes. This of course is quite proper. But the method pursued to secure this end is both inadequate and misleading. The economy effected by the simple method of not paying your bills is more apparent than real.

An article on hospital finance, as shown in printed reports, published as an editorial in the *Philadelphia Medical Journal* of June 18, 1898, written by an expert accountant who has gone into these things very thoroughly, would repay perusal by any one interested in these matters. I was somewhat surprised to find when this article came out, stating substantially what I have said above, but giving exact references, that it did not, so far as I am aware, arouse any comment whatever. Very able articles have also been appearing recently in *American Medicine*. A little book, entitled "Municipal Government," by Bird S. Coler, ex-comptroller of New York, is also most interesting, as showing that this kind of thing is not confined to Pennsylvania. He commences one of his chapters by saying, "The subsidy system probably finds its greatest abuse in medical charities," and I consider his statements throughout exceedingly conservative.

One of the reasons (other than carelessness) for rendering inaccurate accounts of the number of patients treated, is that the claims put forth by the various hospitals for State aid are ostensibly based on the amount of work done, viz, the amount of free treatment given ward or dispensary patients, "the sick poor." It would seem hardly worth while, however, to do this for, as a matter of fact, the hospital which has the most political pull usually gets the largest grant, and the quality and quantity of work done has little to do with it. This is an accepted and recognized fact, and has to be reckoned with as adding to the difficulty of honest administration of hospitals in this country. It has to be allowed for in institutions dependent in any way upon State aid, and is a handicap which often crops out at unexpected moments.

One hospital, presumably in order to add to the ostensible number of cases treated, follows a simple expedient in counting the new patients, first as one visit; then counting the total number of visits, including the first visit; and adding the total number of new cases again to the total: thus, if there were three hundred new cases and a total number of nine hundred visits, it would be carried out as a "grand" total of twelve hundred. Again, when a visit of a legislative committee is to occur, whose prerogative it is to inspect all hospitals applying through the State Board of Charities for State aid, every possible dispensary service, surgical operation, or ward class, is quite easily arranged to fall in at that hour. Certain hospitals always know the exact hour at which to expect such visitors; others do not. However, this apparently makes no difference in the amount of money actually obtained, such matters being settled out of court, as it were; and perhaps may be considered merely as a delicate attention to the visitors, serving to make their stay interesting.

Even a superficial examination of the minimum length of time and services rendered constituting a *bed-day* is also full of surprises and pitfalls for the unwary. Some hospitals regularly "admit" any dispensary patient who needs perhaps a slight operation and a "whiff of ether," and remains three or four hours to recover from the effects.³ Others consider that if a patient occupies a bed during the whole of a night, and possibly takes not only a "whiff of ether," but a good breakfast next morning, it makes one day, reckoning as some hotels do. Others again do not count as house cases any but those who are transferred to the in-patient wards, the unit being twenty-four hours. This last was the method agreed upon by the hospital authorities in Philadelphia when rendering their accounts to the United States Government for the board of soldiers cared for during or after the Spanish-American War, and if State aid were abolished this standard would probably be generally accepted. The twenty-four hour day is also used in Great Britain. It takes a little imagination to consider the two, three or four hours' stay necessitated by the removal of a finger joint or the opening of a felon a "day," although possibly the time does seem to the patient to go slowly!

In Philadelphia the supply of beds is in excess of the demand.

³ An amusing editorial recently appeared in a medical journal entitled "The Double Bed," showing the *reductio ad absurdum* which occasionally befalls such enterprise.—*American Medicine*, April 19, 1902.

This probably is also true of other cities. Nevertheless, new hospitals are constantly arising, irrespective of the need for them, and are given not only State charters, but State money. State aid is also given to private hospitals, which are used for special classes of patients already amply provided for, such as gynæcological cases, and which do practically no dispensary or teaching work. They are often closed during the summer months while the physicians connected with them take their summer holidays. The reasons for the opening of these hospitals are too evident to need explanation, even to the casual observer. These hospitals "nurse" their patients cheaply by establishing "training schools." They issue "diplomas," and it is often not until the unfortunate pupil nurses have completed two years' service that they find that in order to secure any standing in their profession, they have to begin all over again; and that even when they are willing to do this, regular hospitals are often not anxious to take them.

On the other hand, State aid is refused or very much cut down, to hospitals in poor sections of the city which treat large numbers of out-patients and which may have existed for several years. I once asked a member of the State Board of Charities why this was done, and the answer was a somewhat sweeping, "we do not approve of dispensaries." Considering the miscellaneous assortment of things the Commissioners did apparently approve, I thought this was sufficiently interesting to ask, "Why do you not approve?" and the answer was, "Because the doctors do not approve," "nor the druggists," murmured another member, "don't forget the druggists." But it would not seem that the medical profession or the drug trade were "infant industries" to stand in need of a protective tariff, or that hospitals were established solely for their benefit. Moreover, these statements seemed to me to be hardly warranted by the facts.

It is my belief that the greater number of physicians get too much out of their dispensary practice to disapprove of it, and that the greater number would themselves readily admit this. From the professional point of view numbers of medical men, both young and old, add much yearly to their medical lore by the study of dispensary patients. No one who has not had to buy them knows the number of new drugs used experimentally on dispensary patients; if apparently successful, to be then used on in-patients under closer observa-

tion; if still yielding satisfactory results, then in private practice. There are also many classes of cases, such as broken arms or skin diseases, nasal deformities, chronic but slight orthopedic deformities, slight organic heart diseases, which it is cruel and unnecessary to force into the hospital as in-patients. To oblige this class of patients to stop work entirely and break up their homes for an affection requiring frequent, although slight attention, is forcing pauperism upon them. To say that this class of patients can afford to go to a doctor's office is not the case. Nor can the physician who has a fairly good practice and an average experience, afford to treat them. The young man who is only busy waiting for patients to drop in, has not only a very limited experience, but also possesses none of the material resources of a hospital. He cannot afford to give the patient lint, bandages, splints, ointments or medicines, and the patient cannot afford to buy them at retail druggist prices and also pay the doctor even a small fee. But most of all, the patient whose health is his only capital, as well as his income, cannot afford the loss of time which inexpert treatment entails. It should be remembered that the unnecessary loss of skilled artisan labor is also a loss to the community which may be reckoned in dollars and cents. Any one who knows anything of hospital work, knows of many instances where patients have drifted into the dispensaries with ununited fractures, simple skin diseases which have lasted for years, or other ailments and who have spent their money on doctors, and have not a cent left. That there *are* cases of abuse is undoubted. Are not all good things sometimes abused? But any case which the physician feels is imposing on his time and on the hospital supplies, he can easily question at the time he is taking the patient's history. By the manner of the replies as well as the matter, aided by his knowledge of human nature, he can frequently tell what sort of case it is. If a border line case, as it were, the patient can with perfect propriety be made to take his turn with his undoubtedly poorer neighbors, can be lectured on, or used for demonstration to students. This weeds out many. Or the physician can say simply that he does not consider him or her a proper case for hospital treatment. Such cases can be reported at the hospital office, and investigated either by the Charity Organization Society, which will look into and promptly report upon such cases, or by the hospital inquirer who is deputed for this duty. It is also to be noted that

physicians themselves not infrequently encourage the attendance of "interesting cases" quite irrespective of their social status. As I have lived most of my hospital life in teaching institutions of one sort or another, I must confess to a certain amount of sympathy with this standpoint.

In any case, while it is certain that many patients obtain dispensary aid who are able to afford small fees, the cure of dispensary abuse must necessarily originate with the physician, and be carried out with his co-operation. It cannot be done without it. No number of rules, no board of management, however good their intentions, can as a matter of practical fact, save him all trouble and responsibility in this respect. I believe that any sensible and practical rules which would do away with dispensary abuse, if brought forward by the medical staff of a hospital, would be immediately accepted. The fact that no such regulations are brought forward beyond those already mentioned, proves the difficulty of legislation in this matter. And from the patient's point of view I must again repeat that to force many patients to become hospital in-patients, is to force pauperism upon them. Few have any reserve fund, and coming into a hospital, even for six or eight weeks, means breaking up their homes, selling their bits of furniture, and boarding the children out. I have not heard this point stated, but I know it to be a fact. The deserving poor are not always those who have not a cent in the world, nor are those the poorest. Also, it is undoubted that there are just as many abuses from the medical side as there are from that of the patients, only the patients have no one to write their briefs for them.

Another point in dispensary service which I mention merely to show the many aspects which this question assumes, and the many interests involved, is brought up in an article by a physician recently published in a well known medical journal,⁴ contrasting unfavorably the treatment accorded by hospital superintendents to physicians working in dispensary services, compared to that accorded physicians of equal standing in the wards of a hospital; this more particularly in neglecting to furnish instruments for their use, and the unreasonable number of patients they are expected to treat in a given time; and recommending personal supervision by managers or superintendents as a remedy. So far as I have been able to observe, these

⁴ Philadelphia Medical Journal, August 17, 1901.

statements are quite true of all large city hospitals from which I have been able to obtain data. But neither the reason nor the remedy would appear to be well taken. The hospital superintendent does not, for instance, willfully assign an undue number of patients to a certain physician, seeking to overwork or incommode him. The superintendent indeed generally has nothing whatever to do with the assignment of patients, each hospital having its own rules or customs in regard to this. When one remembers the "feelings" which are aroused by the sometimes accidental transference of patients from one service to another, one wonders at this particular complaint being brought! In any case, the remedy would seem to lie with the physician himself, rather than with the superintendent of the hospital. The patients whom he finds himself unable to treat might be referred to another service, or even another hospital which is not so crowded. In the present over-stocked condition of the medical profession, where the supply is said to be greater than the demand, he might secure additional assistants, who, if they do not already know, might soon learn to carry out routine treatment, referring all doubtful cases to the "chief of clinic" or head physician for supervision and direction. Given sufficient space and light, this difficulty seems capable of solution in more ways than one.

In regard to the supply of instruments, it is only too well and widely known that hospital superintendents are not able to keep dispensary services supplied with instruments, because they so speedily disappear. I think it is seldom willful neglect on the superintendent's part. It is merely that it is useless to supply them. In the recent report of the Bellevue Medical Board in connection with the reorganization of that institution, the recommendation was made that an officer be appointed, whose duty it would be to see that hospital instruments and supplies were not removed. Judging from one's own experience, however, it would take many duplicates of Sherlock Holmes to accomplish the desired result. For the foregoing reasons, the immediate supervision of dispensary services either by the hospital superintendent with his many other duties, or by an officer appointed for that sole purpose, is, I fear, impracticable. In this department the physician himself is quite properly supreme, and upon him alone falls the responsibility for right treatment of patients, or in the last resort upon the appointing power which places him there.

Lay Versus Medical Control.

Governments, like lesser folks, are judged by results. Whether the government be called a limited monarchy, an autocracy, or a republic, is of less importance than that it should be efficient, and secure to the people their just rights and privileges. Lyman Abbott, an American whose broadmindedness few would dispute, in his "Rights of Man," says of government, "Its function is the protection of the inherent indefeasible rights of person, property, reputation, family and liberty. It has other and secondary functions, but if a government fulfill this one function of protection justly and adequately, it is a good government whatever its form; and whatever its form, it is a bad government if it fails to perform this function justly and adequately; it is pre-eminently a bad government if, instead of protecting rights, it violates them." These words apply to the administration of hospitals, as well as of cities or countries. The rules, customs and government of a hospital often intimately concern the happiness, rights and persons of from two to eight hundred or more people, sick and well. And from whatever ranks the governors are drawn, lay, medical, or both, the government is practically an autocracy, from the decision of which there is no appeal. Therefore, it behooves us, whenever we have the power of choice, to choose our autocrats wisely. To maintain a just and fair equilibrium between science, philanthropy, and an annual deficit is often the far from enviable lot of the board of trustees. Indeed, finance is often the most urgent of the three, for the butcher and drug dealer are by no means as patient in the settlement of their account as is science! Running a large business on a deficit, needs very consistent and very thorough attention from some one if the doors are to be kept open, patients fed and even small salaries paid regularly to the necessary employees; and this quite without consideration for the supply of the newest scientific apparatus, the very latest discovery in drugs, and the repair of large and much used buildings.

Whether medical men are generally constituted to fulfill the requirements of all good governments and also those of finance, is a point which is perpetually under discussion in the medical journals. Sometimes the statements made do not seem quite logical, nor do they by any means agree one with the other, but they are none the

less interesting on that account. An article in a medical journal recently said in an editorial on Medical Representation in Hospital Management:

"Medical men are, by very reason of their training and their profession, most tolerant, most broadminded and most judicial in their judgments, and they will yield to none a sense of greater humane consideration for the well-being of those entrusted to their care. While it is true that the physician is, largely in consequence of more important demands on his time and energy, disinclined for the details of business matters, he is often possessed of a fine and ethical business judgment; and of course, none can take his place in dealing with matters appertaining to the professional aspects of Hospital Government."⁵

A medical journal of equal standing takes a somewhat different view of the capacity usually shown by medical men for business. In commenting on the will of Cecil Rhodes and his endowment of scholarships, it says⁶:

"In one thing, however, he might have given the medical profession most sound advice. He told the Oxford Dons that from the nature of their life-work they were in financial affairs 'like children,' and he urges them to seek and follow the advice of men trained and successful in the management of commercial matters. The revolution in the management of hospitals and medical colleges which has lately taken place in our country, whereby lay trustees and administrators have replaced medical men, is a proof that Mr. Rhodes would have been right if he had spoken in the same tone to us. What is still needed is some wise mentor to tell every practitioner that he should do the same in the management of his personal monetary concerns. Almost every medical man needs a trustworthy business adviser. The great tragedy of our lives has been and remains due to trusting to our untrustworthy financial judgment. The typical busy practitioner is indeed too often like a child in such things."

The *Philadelphia Medical Journal* of January 18, 1902, quotes the *Medical Record* of New York, regarding the proneness of physicians to "take a turn on the market," and hopes it is true only of New York. Experience shows, however, that this hope has small ground in fact, and the result usually obtained is unfortunately not such as to convince the onlooker of the "fine and ethical business sense" claimed. The *Record* says:

"It is strange, but nevertheless true that there is more stock jobbing among physicians than with any other class of professional men. And it is equally

⁵ *Philadelphia Medical Journal*, August 10, 1901.

⁶ *American Medicine*, page 583, 1902.

conceded that they can least afford to risk their hard-earned incomes in that way. During the recent flurry in Wall Street it has been said on reliable authority that the medical profession sunk enough money on margins to endow a hospital or place the Society of the Widows and Orphans of Medical Men on the soundest possible footing," etc.

An article on "Our Hospitals," by a physician, which has been extensively quoted in other journals, says⁷:

"Individually and collectively they (members of the medical profession) have rarely missed an opportunity to demonstrate their business incapacity. For many years the business methods of the profession have apparently served but one useful purpose, viz: as an example for the youth of our country to shun; and it is a significant fact that the only organization to-day which has thought well enough of these methods to adopt them is the Salvation Army."

After dwelling on the advantages derived by the physician in being connected with hospitals, Dr. Niles then immediately asks:

"Do not our services justly entitle us to a voice in all professional questions in and out of the hospital, second to none, even to that of those benevolent individuals, charitable organizations or religious societies that founded these institutions?"

In summarizing the points he wishes to make, the writer asks:

"2. Is there any good reason why our hospital men and hospital authorities—sheltered as they are behind a strong combination—should be exempt from the same 'Code of Medical Ethics' that governs the profession generally?"

"7. In view of the important relations our hospitals are destined to hold with progressive medicine, is it not about time the professional mind began to dominate in these institutions?"

But in view also of the methods just described, as prevailing in the profession, is it quite reasonable to demand such control of these institutions? And to whose advantage would it be to grant it? In view also of the difficulties which indubitably exist between the practitioner who is on no hospital staff, and the surgeon, physician, or specialist who is, and which are duly set forth as being of an urgency which must soon secure recognition, one naturally asks whether it would remove these difficulties to make these same men also the governing and appointing power? To do so would indeed seem to the ordinary mind an extreme application of the old remedy "a hair of the dog that bit you." As regards this phase of the question, most hospital administrators know that opposition to any extension of the

⁷ *Journal of the American Medical Association*, H. D. Niles, M. D., March, 1902.

privileges of hospital treatment of in-patients, usually comes from the medical staff or faculty, and not from the board of management. Although this opposition undoubtedly arises from the feeling, common to most of humanity, that a privilege is valuable in proportion to its difficulty of attainment, and the limited number of those holding it, it has another side. And that is that a large city hospital which admits the patients of any man holding an M. D. degree, is very likely to find that advantage is taken of the ægis of the hospital to carry out treatment which men of greater experience would not sanction. If anything goes wrong, the hospital has to bear the onus, and its reputation suffers accordingly. In hospitals in which cases are admitted under the care of assistants, provided a member of the visiting staff signs the admission form, thereby tacitly acknowledging responsibility for the treatment carried out, it is noteworthy that the privilege is comparatively rarely used. In one case in which the superintendent of a hospital took the assistant's word for it that his medical chief knew and approved the case, where the patient subsequently died, the superintendent was very properly reported to the trustees of the hospital for neglecting the rules safe-guarding the work of the institution. For such reasons as well as other very practical ones, a board of management may well think twice before throwing open hospital facilities to all and sundry, although it seems at first sight the most liberal policy. Suggestion No. 5, in Dr. Niles paper, "better doctors and fewer graduates" might obviate some of the objections on both sides. As a matter of fact, it would appear that, consciously or unconsciously, the appointive power is the real *crux* at the bottom of the outcry for more power. In a country where the doctrine, "To the victor belongs the spoils," is a recognized system, "to the nominator belongs the nominee," is an altogether natural sequence. It is repugnant to one's common sense to suppose that the medical man really clamors to be allowed a share in paying off a large floating indebtedness, one or two mortgages, or even the butcher, the baker or the instrument maker. Hospital administration with its numerous cares and responsibilities, is not to him even the change of employment it is to the average trustee, and as for the philanthropic side which attracts the unpaid worker on hospital boards, we have already seen that he considers, and perhaps sometimes with justice, that he contributes too much already. His professional needs, in this country at any rate, are already well taken

care of. His orders for the care of his patients are scrupulously carried out, and his requisitions are honored wherever there is money to pay for them, and often when there is not. He is free to devote himself to the humanitarian and scientific aspects of his work—provided he combines the first with the second. But is that sufficient—is he contented? Certainly not. We have his word for it that he is not. And especially that not inconsiderable section which writes in journals.

Since a sound basis for the administration of our hospitals is really a very important matter, one affecting the interests of many future hospital patients, the relation of hospitals to the community and to medical science, and also the support by the public which is necessary to their success as institutions, and since the demand of the medical staff or faculty of a hospital to appoint and rule (and therefore of course when necessary to discipline) his brother practitioner appears both reasonable and feasible on the face of it, it may be worth our while to look into the matter as well as time and space will permit, and note what his qualifications are for administering the power he would claim, what his training is to that end, and how he has used these powers when they have been entrusted to him. In Lyman Abbott's "Rights of Man," which I have already quoted, he says, "the statement that men have a right to govern themselves does not mean that all men possess without education, the capacity for self government." The history of civilization has proved that to be true—from the point of view of civilization.

Let us consider as briefly as possible what the physician obtains from the hospital, and what the hospital obtains from the physician, and where his "inherent and indefeasible right" to govern it comes in. He may enter upon his medical studies from high school or college after passing an entrance examination which is by no means uniform as to standard, an academic degree being seldom required. When he leaves his medical school he is, if he has been a good student, brim full of theory, but lamentably deficient in practice. Four years' study of anatomy, physiology, therapeutics and so on has necessarily not gone far towards teaching him knowledge of humanity, as a whole, for he has had all he could do to study sections of it. It is unfair to expect of him anything more than gentlemanly conduct, and theoretical knowledge of the sections. He endeavors to enter a hospital as resident physician in order to acquire practical

knowledge. He would be bold indeed who would assert he does it solely for the benefit of the patients. Under the usually daily scrutiny of the visiting physician or surgeon, and the watchful care of the superintendent in administrative matters concerning the patient and the hospital, he adds to his knowledge of theory a gradually dawning conviction that neither in sickness or health do cases often fit the books. After one or two years, if he has sufficient money, he goes abroad to study. In Vienna, in Paris, in many places in Germany and in Russia, he studies in hospitals which are, to use a favorite phrase, "run by the profession, for the profession." He doubtless learns a great deal, but frequently forgets on his return that the free born American citizen won't be "run" that way. However, he is full of scientific enthusiasm, and the hospital superintendent learns to forgive and to protect himself against the bad five minutes spent with the patient's friends, which scientific enthusiasm usually entails. He "hangs out his shingle," and if he is industrious and wants to make a name, hastens to ally himself with the dispensary service of one, two or even more general or special hospitals. If it is a teaching institution, his name appears in the annual announcements. He substitutes for his chief in the latter's absence. If he is punctual and diligent, he is, when a vacancy occurs, at length appointed on the visiting staff. In large cities he has probably ere this chosen a specialty and becomes skillful in this branch; and he wins whatever renown he has amidst the fierce competition of hundreds of other young men who have done exactly as he has done so far, and want to do better in future. Now all this is very laudable and proper, but in it all where does his inherent right come in to govern the institution on the staff of which he has just been appointed? Most of his work is still hospital work, and although very instructive, is practically all free with the exception of a few cases which have been thrown in his way by his older colleagues or have drifted into his office; but he is becoming known, is beginning to establish "a family practice" and has a good prospect of doing well in the future, provided he keeps everlastingly at it; and in addition to appearing in hospital or university announcements, or taking quiz classes, he writes for the medical papers, and if possible a book, which need not be entirely original as to matter, but must be well printed, profusely illustrated and well advertised.

To cut an often long story short he at length obtains a very

fairly lucrative practice and becomes moderately well known. This does not bring him leisure—quite the reverse. Indeed, it is an acknowledged fact that the medical man in this position is not what the business man would consider independent; by no means sufficiently so to be in a position to discipline the fellow members of his profession. Moreover, he finds if he did not know it before, that he has become a member of the closest corporation in the world.

If a professorship, in the same hospital, college or university in which he is himself a professor, becomes vacant, and he is to nominate a fellow medical man for the vacancy, the whole question is not so simple a one as it appears to the layman. To put the best man in would appear to be the obvious thing to do; but if he is engaged in the same specialty, he is probably a bitter rival. His methods of using sponge, or knife, or physic bottle may be exceedingly distasteful. It is very difficult for anyone to suggest a name which will be entirely acceptable, and ultimately a man is often selected because he is inoffensive, or least offensive, rather than because he is in the first rank. Also it often happens that a man who is nothing much himself, one way or the other, but who may be influential from the point of view of patients or politics may request the kind offices of a member already on the staff and it may be distinctly inconvenient not to oblige him, especially if it is advisable to establish a consultant practice. Or a man is selected so eminent that he obviously cannot find time to do the work, in which case all the good either patients or students obtain from him is that derived from reading his name in the catalogue.

When it comes to matters of discipline it is admitted by many medical men who have occupied the unpleasant position of sitting in judgment on their fellows that the position is, for them at least, untenable; and this, I think, is one of the difficulties most commonly admitted by the medical profession itself.

As a general rule, the better physician a man is the more intensely individualistic he is. His very virtues and his ideals teach him that every case is to be considered as a thing apart and the less time he has for committees, finance or settling disputes. Such things are not compatible with a good practice. Administrators such as General Leonard Wood are really remarkably rare in the medical profession and when found they confine themselves to this work.

It is almost equally rare, to hear of a physician who raises

money for the institution in which he is interested. A William Pepper is almost as rare as a General Leonard Wood. Once in a while a rich patient may leave a legacy, but a large charitable institution is not to be kept running on these windfalls; a steady and systematic appeal must be made to the charitably inclined, and the name of the institution must be kept before the public, not as a place where scientific research is brilliantly carried out, but as a place where the patients get well and have good food and care. Usually some two or three members of the board give a very considerable amount of time to the financial concerns of the institution and as I have said before, running a large business on a deficit, needs very consistent and very thorough attention from some one, if the doors are to be kept open, and patients fed, and this quite without consideration for the supply of the newest scientific apparatus, the very latest discovery in drugs, and the maintenance of large and much used buildings.

Fortunately a lay board has generally a much better opinion of the medical staff as a whole, than the medical staff seems to have of it; and since they apparently do not read medical journals, they are unruffled by the "side lights" on the necessity for their existence.

They are not in any sense jealous of the professors, of their authority or anything that is theirs. If misunderstandings occur, which they will do where large numbers of people work together, they are not apt to "take sides" but judge the matter very much as they would in the railroad business, the factory or the law court. Mr. Gladstone's panacea for international difficulties—"a little common sense"—is also effectual here, and straightens matters out satisfactorily nine times out of ten. In more distinctly medical questions the layman is by no means anxious to act hastily. Besides the fact that he has no greater liking for a hornet's nest about his ears than the average mortal, he has generally, as a cautious business man, proper respect for the unknown, and it must be remembered that expert advice is very readily obtained. It is the one thing which an institution, whether in debt or out of it, may always count upon. Of course it is not possible to follow the advice of everybody, and equally naturally, the opinion of those whose advice is not followed is for the time being, unfavorable to those who refuse to follow it.

A board of non-medical men for the government of our hospitals in large cities, therefore, would appear for several reasons to rest

on a sounder and more practical basis than that of medical control. A very excellent chapter on this subject may be found in Burdett's *Hospitals and Charities for 1901*, p. 69. In order that any board or committee may be a success it is of course necessary that the members be well chosen and attend to the duties which they have undertaken. The consequences of the policy of self-perpetuation so often advocated by our medical friends are clearly set forth in an editorial in the *Philadelphia Medical Journal*, April 5, 1902.⁵

The Hospital Superintendent.

I have touched upon a few of the varied interests which are to be found in every large hospital; there are of course very many

5" Professor Vasilieff, a leading teacher in one of the Russian universities, makes a rather frank exposition in the St. Petersburgskie Vedomosti of the status of some of the professors in that country. He points out that the recent practice of appointing professors led to a lowering of the scientific standard, but neither is the method of electing free from evil. The trouble lies in partisanship by the aid of which an unworthy man gains the chair while an able applicant without 'pull' is frequently rejected. In a certain institution, the name of which is not mentioned, the chair of pharmacology is occupied by a pathologist and the chair of clinical medicine by a young and inexperienced man. It has become so that a man with a scientific reputation does not care to apply for a vacant chair for fear of being rejected in favor of an inferior opponent who has the good will of influential members of the faculty or the powers that be. Such a fate was met once by a well-known bacteriologist, a man of universal reputation and a pupil of Pasteur and Metchnikoff. The 'professors' who gain their positions through 'party pull' make all sorts of efforts to be popular with the students, and it has become so demoralizing that examinations are a mere farce, with the result that students graduate without being able to make an examination of a patient or prescribe a simple remedy. The choice of *privat docents* is attended with the same evil influences. A case is cited in which an utterly ignorant physician gained the position of *privat docent*, although the fact of his shortcomings was known to the faculty. This gentleman sent to one of the laboratories a specimen of feces to be tested for the Widal reaction and, when refused for obvious reasons, submitted the same specimen to another laboratory, and the affair nearly ended in a duel. This incident, however, could not outweigh the influence of two members of the faculty. Another *privat docent*, well known to Professor Vasilieff, has not the least conception of the examination of blood, stomach contents, urine, etc., not to mention diagnosis of cardiac lesions. The professor knows still another *privat docent* who discovered enormous cavities in the lungs of a healthy individual and when called in consultation three days later, announced that the cavities had nearly healed.

"It is to be remembered that in Russia the medical institutions are almost an exact reproduction of those in Germany, and we are sure that a German professor, were he to possess the proverbial Russian frankness and 'open-heartedness,' could tell similar tales. Far be it from us to cast reflection upon all the German and Russian medical institutions. Many of them fully deserve the high esteem in which they are held and stand as models worthy of imitation. What we wish to emphasize, however, is this: An institution ruled by partisanship is bound to degenerate, whether located in Germany, Russia, America or any other country; and, what is more, the beneficial effects of high standards are largely undermined by professorial favoritism. The moral is self-evident: We need a high standard, it is true, but we also need to uphold the system of choosing professors that puts the right man in the right place."

more which I have not mentioned. Now to reconcile these diverse elements one would naturally think that a man or woman must almost necessarily be chosen of skilled knowledge, with marked executive ability, with ceaseless energy, a warm heart, a wide knowledge of human nature and good health. Now what really happens? As Lord Melbourne said of the Order of the Garter, "There is no damned merit about it."

Amongst the hospital superintendents I know of, there are, besides a very few physicians, an ex-newspaper reporter, a ward boss, a china factory hand, various clerks and a still more varied assortment of clergymen. The clerks, who have possibly before occupied the position of hospital bookkeeper, are the only ones who can be said to have had any previous knowledge of the office or business routine of a hospital, and this after all is a point which is more easily acquired than any other. A good superintendent is of course sometimes evolved, but it is at the expense of the institution as well as of the individual. Some, taught in the dear school of experience, undoubtedly become first rate hospital superintendents:—I suppose on the principle that it is not advantages that make great men or women; but disadvantages:—and many certainly work hard and unselfishly. But surely if there was ever a calling which needed preliminary training and skilled administration, it is that of hospital superintendent.

Teachers are taught to teach, engineers are taught engineering, bridge builders to build bridges, preachers to preach, doctors to doctor, but to reconcile the innumerable and various elements in a large and busy hospital no previous knowledge seems to be thought necessary! Indeed, if a man has failed in other walks of life, or if a clergyman has neither the mental nor physical calibre to command success, he seems by some curious process of reasoning to be considered peculiarly fitted for such a position. In no business that I ever heard of in which the same amount of money is invested, is there so little skilled labor employed as in hospital administration. This acts and reacts in many ways, and renders institutional life in this country subject to many sudden upheavals and much friction. The patients complain, the physicians complain, the employees complain, in fact everybody complains, and the board puts on a worried air—as well it might—for there seems to be a certain amount of justice in all the complaints, and whilst nobody appears to be as

much in the wrong as asserted by the opposite party, still there is enough to perplex it very thoroughly. The superintendent either fails to control these matters at all, or else adds to the difficulty. Then, in order that the domestic complaints may be removed, a committee of ladies is sometimes appointed; they are not experts, often far from it, their only claim to knowledge being that of the "born housekeeper" which is sometimes supposed (erroneously, I think) to be inherent in every woman. The organization and management of institution households, however, having little in common with that of a few maids and no sick people, the management of details by visiting committees is often proved to be but an added discomfort.

Having once trusted a superintendent and found him or her wanting, the board of management is naturally chary of trusting his or her successor. In the first place they do not, as a rule, know where to look for a successor. Hospital superintendents are usually just men who happen along. It is not so much a distinct calling at present as a tentative occupation, usually applied for by a man who is "out of a job." If a large hospital with plenty of funds can afford to pay a good salary to a medical man who has talent for detail, and prefers administrative work to the more active practice of his profession, it seems to be the best solution. He has a fixed salary and usually does no outside practice, and thus the difficulties in the way of his independence which might apply to the outside practitioner, have not to be reckoned with. But he also has to learn how to take care of buildings, how to purchase supplies, obtain estimates and keep the whole intricate machine in good running order; and this costs the hospital money; for all large department stores will tell you that a good buyer is far more valuable than a good seller, and hospital buying is a business requiring a knowledge of the needs as well as of the goods required. He usually has a good steward, whom with the housekeeper, he trusts to purchase the household supplies. He often has a practical builder to attend to repairs, and a good office force. The details of the various departments, and the knowledge which the superintendent has of them of course depends upon the individual. This is an expensive way of running a hospital, but provided the best class of labor can be supplied in all departments it is an efficient one.

As a rule, if the superintendent shows himself faithful and just,

no important steps are taken without his advice. He is held responsible for everything in regard to the administration of the institution, and for the employment of proper persons to carry on the work of the various departments. This is as it should be. Unfortunately, hospitals so administered can be counted almost on the fingers of one hand. In one large hospital, according to the by-laws the superintendent is a member of the executive board, but I do not think this is general.

The question is sometimes asked, can a woman who is a trained nurse do this work? There is no reason why she should not. The reasons for and against lie within herself. In spite of the immense strides which women have made of late years in regard to public work, it is even yet, and even in this country, which Max O'Rell justly calls "a Paradise for women," undoubtedly more difficult for a woman to carry out executive work concerning large numbers of people than it is for a man, and perhaps it always will be; but to say that it is more difficult does not by any means say that it is impossible. As there are comparatively few medical men who desire such positions, or if they do desire them, possess the necessary qualifications, and as the newspaper reporter, the clergyman or the factory hand possesses no knowledge at all of hospital work or requirements, it would seem that a woman who had worked in the wards of a hospital, who had lived there day in and day out for at least six or more years, should certainly be of more use than these, and have less of the technical part to learn. Florence Nightingale says that "in all departments of life there is no apprenticeship except in the workshop" and it is certainly the most thorough and the best, and worth whole books of theory. It seems to me that if women were more willing to take up this work, many of the difficulties and much of the friction of hospital life might be avoided. If the visiting staff see that the superintendent is not only willing, but anxious that they should have not only the necessities, but all the luxuries or additions which make their work easier, that the hospital can possibly afford, and knows exactly what these requirements are, they feel naturally far more friendly towards the administration as a whole. For in many ways hospital keeping is but housekeeping on a larger scale.

It does not follow, however, that because a woman is a good nurse, or even a good superintendent of nurses, she is a good hospital

superintendent. The work is very different. The hospital superintendent represents the hospital, not only to the patients and their friends, but to the tradespeople, building contractors, the city government in the matter of Boards of Health and coroners' offices, and, in short, in all the varying phases in which this varied business touches the public weal. Decisions affecting varied interests and large numbers of people must often be made quickly. If it can be shown that a decision is narrow-minded, petty or errs in any particular, because unsuitable or too severe, the superintendent's judgment will naturally not be relied on in the future. It is absolutely necessary that, humanly speaking, no mistakes should be made. More especially does this apply if the superintendent be a woman, because as there are fewer women superintendents of busy hospitals, any errors are more closely watched for, any failure is a double failure. If the same mistake were made by a man, the public or the individual concerned would merely say "they have made a mistake in selecting their superintendent," but if a woman, not only the individual, but her sex is at fault. In Germany, Italy and France there are many instances of large executive powers being committed to women with signal success from a business and financial point of view.

There is one point especially where there is room for the right use of woman's influence in hospital work and that is the influence of women for what, for want of a better word, I must call purity. Unfortunately, I know, I suppose we all know, of more than one hospital, indeed, more than two or three, where this is still needed. It is an unfortunate fact that men in teaching institutions holding the rank of professors, will relate stories or indulge in coarse remarks, or even so clothe their instruction to undergraduate students, that their words necessarily make modest or clean-minded women exceedingly uncomfortable. It is also a fact that this is not always accidental; it is often quite obviously done for the purpose of making the nurses appear confused, or raising a laugh among the students and holding their attention. It is no part of a nurse's duty to put up with these things; there is no reason why nurses should not be as modest and delicately-minded as other women, and as far as my own experience goes, I have found them so. But it is not fair to send a young girl to the clinic of such a man and require her as a matter of obedience to tolerate this. But whilst I

feel sorry for the nurse, I regret it even more for the sake of the students. They hear the professor, sometimes a man of almost world-wide renown, relating these stories and making these unseemly jests. They think it is a manly and professional thing to do. Where teachers offend in this way, it is obvious that assistants will often follow suit. But even for the sake of holding the students' attention at lecture, is this a right thing to do? All young men have not good home influence to help them combat the effect of this loose way of talking and thinking. Many of them are drafted straight from college to positions as resident physicians in hospitals, where they make many mistakes of judgment as a result of this sort of teaching. That some "come out right in the end" is no argument in favor of it. Some do not. Surely the attitude of a teacher of such a profession—which should always be in fact the "noble profession of medicine"—should be somewhat different. Professor Keen, in an address at the Seventy-sixth Commencement of Jefferson Medical College in 1901, said: "When a young man has left his home and enters the Medical School, he comes under a different set of influences partly from his fellow-students, but chiefly from his teachers. He is moved by their example . . ." Then surely they should give of their best. It is not a pleasant task, but it is the manifest duty of every superintendent of a hospital, or superintendent of a training school, to see that the nurses at least are not subjected to this sort of thing. And the young men will also benefit, and some day, even though that day may be far off, they will be grateful. Those of us who bear the burden of responsible positions have to face many unpleasant duties, but we have got to remember that, as President Roosevelt says, "Whoever possesses power, is by the mere possession of that power made responsible for its right employment."

Medical Schools From the Patient's Point of View.

As a matter of fact in a properly administered hospital, medical schools are a protection to the patient rather than otherwise, for it usually means that the hospital is a very live one, and thoroughly up with the times. The patient is safe-guarded by public sentiment, which in this country is against overmuch experimentation. But this is true, as I have said, provided the hospital is carefully administered. That is to say, that although students are taught to work in the wards, proper consideration is had for the patients. Patients,

even pay patients in the wards, do not resent the doctor's describing their case as an interesting one; they are quite willing, as a general rule, to be lectured upon before a class of students, and allow students to examine chest or heart and so on, in moderation. A capable head nurse of the ward, will keep her eye on any case which may be in process of examination by the students, and a kindly word, saying that she is afraid the patient is tired now, and had better rest, I have never found resented.

In properly arranged ward classes one, two or three students are assigned to certain beds, and the patient is not examined by forty or fifty young men one after another, as seems to be the popular conception. If the patients are women, a nurse is, of course, always at the bedside of the patient whilst the students are there. In teaching hospitals, whether undergraduate or postgraduate, the supplies are generally more liberal than in non-teaching institutions, and I think that on the whole the patients are generally better nursed, for every one is kept up to the mark, including the professors. If the patients object to examination, I have always found that the students are perfectly willing to consider their feelings.

Inspection of, and Public Interest in Hospitals.

It would be a distinct advantage if frequent official inspection of all charities receiving subscriptions from the public were ordered by the State or municipal government. Whilst it is true that a hospital must possess a charter of incorporation in order to hold property as a body, this does not prevent many sorts of abuse. Every institution, whether it be a hospital, or any other charity, to which the general public is invited to subscribe, should be subject to this inspection at least once in three months, and if the inspectors are not satisfied with its condition, at least once every month. Institutions supported by the public are owned by the public, if the people would only realize it, and it is their duty as well as their privilege at least to see that these institutions do not become hotbeds of disease. Of course when the millenium comes no man or woman will become trustee of an undertaking for others without really trusteeing it. But as matters are at present, some sort of supervision is certainly necessary. To prove my contention, if it needs proof, I would again refer to the comments of the ex-Comptroller of New York in the book which I have already quoted. It would also appear to be for the

greater good of the greater number, if an act of total prohibition, or at least high license, was passed, regarding so-called private hospitals. By this is meant a house rented by a physician as a personal venture, to which he sends his own patients. You will say at once that "The reputation of the man who owns it is sufficient protection," but as a matter of fact, this is not so. In the first place he cannot prevent another man with a lesser reputation, or a shady one, from doing exactly the same thing. As a rule the patients in private hospitals are not by any means so well nursed or so well fed, as in the private rooms of a general hospital. The rates are often very high, and the friends of the patient often make every effort and stint themselves for years in order that the patient may receive treatment in the private hospital of some physician or surgeon, thinking, no doubt, that the article for which they pay so highly must be better in quality. It is true that there is greater privacy, but it must be remembered that it is not only in trusts that publicity is protection. It is often protection for the patient as well. It seems also rather *infra dig* for physicians who have already made big names for themselves to run this sort of a boarding house for gain. They may say that they can obtain better what they need in their own houses; but anyone who knows the running of a well-equipped hospital, the attention given and the supplies furnished members of the staff, will hardly consider this a valid reason. The only cases to which exception might be made are nervous or mental cases which sometimes require to be isolated from their friends, and kept exceedingly quiet for weeks at a time. More particularly should the practitioner who is not connected with any hospital, who has certain classes of practice, such as gynecological or obstetrical, be required to show very good reasons to the city authorities before starting a "private hospital," or taking patients into his own house. And this for his own sake, as well as theirs. In any case the licensing of such houses, and an arrangement by which although having the use of the house as required, the physician would have no direct monetary interest except in the fees paid for professional services, would be a distinct advancement.

In conclusion, before any more definite information can be given concerning the detailed arrangement and expense of hospitals in this country, it is necessary that a uniform system of accounts be established which shall be regularly audited by a certified accountant, and

that a certain definite amount of information derived from figures resting on a definite basis, be forthcoming from all institutions soliciting money from the public, as well as those receiving State aid. As I have pointed out, a bed day which varies in length from four hours to twenty-four, is of no use. It is indeed so misleading as to be *reductio ad absurdum* in some cases.

It seems as if there should be some check on the unnecessary multiplication of charities. At one time the supply of orphans in New York gave out, to the dismay of those who were engaged in founding new asylums and liked to see their names on the front pages of reports. Hospitals in these big cities are nearly, if not quite in the same case. Some day an organization of these charities will surely be required. For instance, it hardly seems necessary, where all hospitals admit their patients without distinction of color or creed, and allow the pastors of various denominations to visit their sick without let or hindrance, that each separate denomination should multiply machinery and salaries, simply for the sake of calling a hospital by a denominational name. These hospitals are sometimes well supported by the rich members of the congregation, but they often suffer from many of the worst features I have described, and others which I have not.

State Aid.

It is difficult to advise the total abolition of State aid for charities, even semi-private ones. The public, particularly the working element which mainly depends upon these institutions for help in time of sickness, has not learnt to support them; and many of these institutions do a very useful work. The knowledge that they receive any aid from the State, however, takes away from the general masses of the people the feeling of responsibility for their support. And perhaps this may be the reason that neither the working man nor the large employer of labor in mills, factories, etc., supports hospitals to the same extent as obtains in Great Britain, where the hospital system is purely voluntary (excepting, of course, poor-law infirmaries). The subscriptions received at street corners and in public buildings, on hospital Saturday and Sunday alone, amounted in 1898 at Wolverhampton, a comparatively small manufacturing town in England, to £36.28 per 1,000 of the population and in Liverpool to

£23.16.⁸ Contributions from work people are often entered separately, and in the Bristol General Hospital where this is the custom, amounted to £1,727 for the year above mentioned. The economy of organization amongst charities is shown by the Organized Hebrew Charities of Philadelphia, which in its first year not only showed all its charities in a flourishing condition (many of which had previously languished), but a gain of over \$26,000 in subscriptions.

In San Francisco the Merchants Association has formed a joint committee with the Associated Charities, and created a "Charities Endorsement Committee." A brief report of this body and its functions appears in *Charities*, page 480, year 1902, and which says that the people of the city will be asked to give only to those charities endorsed by this committee after investigation. It also states that the charities themselves are almost unanimously in favor of the plan. The report continues:

Cleveland has an almost similar arrangement, effected more than a year ago. In this instance, however, the initiative was taken by the Chamber of Commerce which appointed a "Committee on Benevolent Associations." All charitable organizations which solicit from the public were at that time requested to fill out a blank giving the essential facts concerning the society and its administration in order that an intelligent opinion of its work and financial methods might be formed. . . . As a result the business men of the city have come to depend very largely in making their contributions to charitable effort upon the certificate of endorsement issued by the Committee on Benevolent Associations.

The value of all this must, however, depend on the accuracy of the reports.

Let me say, finally, that the foregoing facts and suggested remedies (where it has been possible to suggest any) do not apply to country hospitals, or country districts, or country physicians, where the relation of the physician to the community and the hospital to both, is necessarily different. These no doubt have their own trials, but they are not those of the great cities. And for this they may be duly thankful!

It has also been impossible in the space allotted me, to treat all the foregoing questions from the point of view of all the interests involved. Many have been ignored. But if what has been most inadequately said serves to show that the interests of good hospital

⁸Burdetts *Hospitals and Charities*, 1900, page 204.

administration are those of the community as a whole rather than any particular section of it, and that even the "man in the street" has a stake in it and therefore a responsibility to discharge if frank comment makes for better and more careful work from all of us, as it should do, the utmost hoped for will be attained.

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